



Arizona Department of Agriculture

Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007

(602) 255-3664 FAX (602) 542-0466

www.azda.gov

VERIFICATION OF PRACTICAL EXPERIENCE *

PAGE 1 OF 2

Please verify practical experience as referenced in A.R.S. § 32-2314(C)(2) and A.A.C. R4-29-204 (C).

Applicant: _____ **Title of Applicant:** _____

The above individual has applied to the Arizona Office of Pest Management for a license. If you have any question or concerns with regards to this document please contact the Office of Pest Management.

Employer: _____ **OPM Bus. License #:** _____ (if applicable)

Dates of Employment: From: _____ **To:** _____

Be very detailed and specific in defining job duties in each category. Merely being licensed does not constitute practical experience. Experience hours for unrelated categories cannot coincide with the exception of personnel supervision. Only list total hours worked in each category within five (5) years immediately preceding this application. Excessive hours within (5) year period must be explained.

Use additional sheets if necessary

Hours within preceding (5) years

B1 – General & Public Health Pest Management: _____

B2 – Management of Wood Destroying Insects: _____

B3 – Right-of-Way & Weed Management: _____

B4 – Fumigation: _____

VERIFICATION OF PRACTICAL EXPERIENCE *

Please verify practical experience as referenced in A.R.S. § 32-2314(C)(2) and A.A.C. R4-29-204 (C).

Use additional sheets if necessary

Hours within preceding (5) years

B5 – Turf & Ornamental Horticulture Pest Management _____

B6 – Antimicrobial Pest Management:

(UNAVAILABLE)

B7 – Fungi Inspection: _____

B8 – Wood-Destroying Insect Inspection: _____

B9 – Aquatic Pest Management: _____

Failure to provide accurate information is considered “Misrepresenting a material fact in obtaining a license and may be grounds for disciplinary action pursuant to A.R.S. § 32-2321 (B)(3)”

Print NAME of Verifying Authority: _____

Print TITLE of Verifying Authority: _____

Telephone # of Verifying Authority: _____

By signing this document, I affirm that all information provided herein is true and correct.

Signature of Verifying Authority: _____ **Date:** _____

State of _____)

)

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____

(seal)

Signature of Notary Public